

**CITY OF HARTFORD
OFFICE OF HUMAN RELATIONS
VERIFICATION OF RESIDENCY FORM
CONSTRUCTION PROJECT:**

I. EMPLOYEE INFORMATION:

Name: _____ Telephone # _____

Home Address: _____ Zip: _____

II. EMPLOYER INFORMATION:

Name: _____ Telephone # _____

Address: _____ Zip: _____

III. CONSTRUCTION PROJECT: CONSTRUCTION TRADE: _____

Name: _____

Address: _____

IV. INFORMATION NEEDED TO SUBSTANTIATE EMPLOYEE RESIDENCY:

I have lived in the City of Hartford since _____.

a. Picture ID or Driver's License (please provide copy)

b. Are you a registered voter in the City of Hartford? _____
Yes No

c. Do you own a motor vehicle? _____ Yes or _____ No

d. Provide at least one copy of the following utility bills:

1. ☐ Telephone 2. ☐ Electric/Gas 3. ☐ Cable 4. ☐ Rent Receipt

5. ☐ other documentation showing your Hartford Address

I hereby certify that all statements made on this Verification of Residency Form are true, complete and correct.

(Employee's Signature)

(Date)

- For the purpose of this program, home means that place where an individual has his or her true, fixed, and permanent living arrangement, where he or she normally eats and sleeps and maintains his or her normal personal and household effects.

ADDITIONAL COPIES OF THIS FORM MAY BE OBTAINED FROM THE OFFICE OF HUMAN RELATIONS